



Hotel Reservation Form



70th General Assembly

Inter American Press Association
Hotel W Santiago
Santiago, Chile

October 17 - 21, 2014

(Publication or company name) _____

Name _____ Position _____

Name of spouse (if accompanying) _____

Bussiness address _____ City _____

Country _____ Zip Code _____

Telephone _____ Fax _____ e-mail _____

Please make your reservations directly with the hotel (see below).
Note that the hotel has a set number of rooms, especial reservation dates,
and policies for payment and cancellations.
Please confirm these and any special requests at the time reservations are made.

Contact:

W Hotel Santiago
 Attention: Cristobal Faundez, Account Manager Business Travel
 E mail: Cristobal.Faundez@whotels.com
 Address: Isidora Goyenechea 3000, El Golf
 Las Condes, Santiago, Chile
 Telephone: +56 2 2770-0027
 Cel: +56 9 7808-7554
 Fax: +56 2 2770-0001
 Web page: www.whotels.com/santiago



RATES: (includes breakfast and exclusive of VAT). Not guaranteed after September 17
Foreigners are exempt from VAT (19%)

Reservations	Cost per night:	
	Wonderful Room	_____ US \$ 279
	Spectacular Room	_____ US \$ 319
	Marvelous Suite (subject to availability)	_____ US \$ 479

Cancellations: Free up to 30 days before arrival. Between 29 and 10 days, 2 nights charge.
 Within the last 10 days the penalty is the total of the days reserved.

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

At management's request,
please provide payment information directly to the hotel